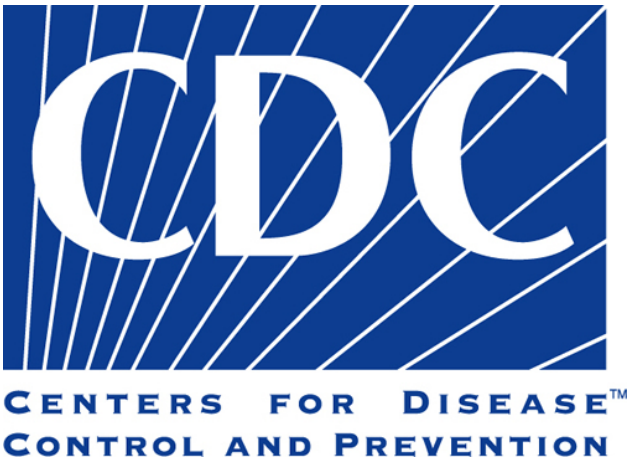
Exhibit B



Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Community Health Workers for COVID Response and Resilient Communities (CCR)

CDC-RFA-DP21-2109

05/24/2021

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP21-2109. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP21-2109

E. Assistance Listings Number:

93.495

F. Dates:

1. Due Date for Letter of Intent (LOI):

03/25/2021

Not Applicable

LOI is not required or requested.

2. Due Date for Applications:
05/24/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: **https://adobeconnect.cdc.gov/r0er4qejjemc/**

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: Community Health Workers for Covid Response and Resilient Communities | CDC

F. Executive Summary:

Summary Paragraph
The Coronavirus Aid, Relief, and Economic Security ("CARES") Act of 2020 allocated funds to the Centers for Disease Control and Prevention (CDC) to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. CDC announces the availability of funds to achieve the goal of the CARES Act in preventing COVID-19 and protecting the American people from related public health impacts. This Notice of Funding Opportunity (NOFO) supports this work through training and deployment of community health workers (CHWs) to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities.

Program strategies include integrating CHWs into organizations and care teams and strengthening relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations. Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minority groups, persons who are economically disadvantaged, justice-involved, experiencing homelessness, or have certain underlying medical conditions that increase COVID-19 risk.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
G (Grant)

c. Approximate Number of Awards

70

d. Total Period of Performance Funding:
$ 300,000,000

e. Average One Year Award Amount:
$ 1,000,000
Over a three-year period of performance, CDC will award approximately $100 million each budget year for three years with the average award varying. These grants will range approximately from $350,000 - $3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): $600K
Component B (Implementation Ready): $2M
Component C (Innovation – demonstration projects): $2M

f. Total Period of Performance Length:
3

g. Estimated Award Date:
August 01, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The novel Coronavirus Disease 2019 (COVID-19) has impacted communities nation-wide, including all states, localities, and territorial jurisdictions. Public health crises, such as COVID-19, exacerbate existing health disparities and inequities in the social determinants of health (SDOH), conditions in which people are born, live, learn, work, play, worship, and age. Black/African Americans, Hispanics/Latinos, and American Indian/Alaska Native populations have higher rates of unemployment; are more likely to work in essential, low-income positions that do not allow telework; live in communities with higher rates of environmental hazards; and do not have health insurance or paid sick leave through employers. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions are also at risk. All of these factors increase risk of exposure to COVID-19, while limiting ability to stay home or access care when sick. Racial and ethnic minority groups also experience higher incidence of severe heart disease, diabetes, obesity, and smoking, all shown to increase the risk of severe illness from COVID-19. Furthermore, distrust of medical and governmental entities and longstanding disparities in vaccine coverage may impact achievement of high COVID-19 vaccination rates, once vaccines are widely available in these population groups.

Along with CDC's strategies for ending the COVID-19 pandemic, focused investments are

needed to decrease disparities among the populations outlined above. Initiatives that promote health equity in all policies and reduce inequities should be pursued and evaluated for effective and targeted systems' changes across relevant sectors. Overwhelming evidence demonstrates that health is highly influenced by SDOHs such as intergenerational wealth, high quality education, stable and fulfilling employment opportunities, affordable housing, access to healthful foods, commercial tobacco-free policies, and safe green spaces for physical activity. Through partnerships around community health assessment and planning efforts, federal, state, local, tribal, and territorial governments have invested in long-range policy and environmental change plans to improve SDOHs in communities with the poorest health outcomes.

CHWs are well-positioned to reach communities, especially those disproportionately impacted by COVID-19. CHW interventions can improve uptake and access to health care services, improve communication between community members and health providers, reduce the need for emergency and specialty services, and improve adherence to health recommendations. While CHW administered interventions have a demonstrated impact, barriers to increased intervention implementation exist (e.g. insufficient numbers of trained individuals to meet existing needs; lack of funding/reimbursement; poor integration of CHWs in multidisciplinary care teams, in the health care delivery system, or in community organizations addressing the social determinants of health; and limited communication technology).

CHWs can improve access to COVID-19 related services (e.g. testing, contact tracing, health behavior education) and management of other underlying medical conditions that increase risk of severe COVID-19 illness and adverse outcomes. Through this initiative, CDC can highlight the integral role of CHWs in increasing resiliency, and response efforts in the hardest hit communities across the nation, especially during emergency crises by supporting three components in this NOFO: Component A focuses on building capacity for CHW efforts; Component B focuses on enhancing and expanding existing CHW efforts; and Component C focuses on developing innovative approaches to strengthening the use of CHWs.

b. Statutory Authorities

This program is authorized under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Public Law 116-136 and under the Public Health Service Act 42 U.S.C. 301(a).

c. Healthy People 2030

This funding opportunity focuses on COVID-19 response and community resilience addressing Healthy People 2030 goals including emergency preparedness: https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness and vaccination: https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccnation.

For further information, please see https://health.gov/healthypeople/objectives-and-data/browse-objectives.

d. Other National Public Health Priorities and Strategies

The COVID-19 pandemic requires a coordinated public health response; recipients should consider the following in their proposed work:

- Topics (e.g. social determinants of health) related to health conditions associated with increased risk of COVID-19 illness and poorer outcomes. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
- Centers for Disease Control and Prevention (2020). Community Preventive Services Task Force. The Community Guide. Retrieved from The Guide to Community Preventive Services (The Community Guide).
- Health Resources and Services Administration (2020). Coronavirus-Related Supplemental Funding Allowable Uses Technical Assistance Resource. https://bphc.hrsa.gov/emergency-response/coronavirus-info/supplemental-funding-uses

e. Relevant Work

This NOFO will leverage previous work funded by the CDC with various public and private partners to implement and evaluate the effectiveness of different approaches for building the public health infrastructure to respond to COVID-19, particularly:

- Centers for Disease Control and Prevention (2020). Public Health Crisis Response NOFO. https://www.cdc.gov/cpr/readiness/funding-covid.htm
- Centers for Disease Control and Prevention (2020). CDC COVID-19 Funding for Tribes. https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html?deliveryName=USCDC_289-DM25904
- Centers for Disease Control and Prevention (2020). COVID-19 Financial Resources. Retrieved from Financial Resources | CDC.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Scale up Community Health Worker (CHW) actions across the nation to support COVID-19 response efforts in those communities hit hardest by COVID-19 and among populations that are at high risk for COVID-19 exposure, infection, and outcomes (priority populations).

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Proposed High Level Strategies	**Proposed Outcomes**		
	Short Term Outcomes: Year 1	Intermediate Outcomes: Year 2	Long Term:>Year 3

Train Community Health Workers to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.	**Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.**	Increased reach of CHW-influenced mitigation efforts among priority populations within communities.	Decreased impact of COVID-19 on those at risk (priority populations) and settings. Increased community resilience to respond to COVID-19 and future public health emergencies. IMPACT ↓ Decreased health disparities ↓ Increased health equity
Deploy Community Health to Support the COVID-19 Public Health Response to manage outbreaks and spread of COVID-19 among priority populations within communities.	**Increased workforce of CHWs delivering services to manage the spread of COVID-19.**	Continued promotion and integration of CHWs into existing workforce among priority populations within communities.	
Engage Community Health Workers to Help Build and Strengthen Community Resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.	**Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.**	Increased provision of community resources and clinical services to those at highest risk for poor health outcomes among priority populations within communities.	

i. Purpose

This new grant will address 1) disparities in access to COVID-19 related services, e.g., testing, contact tracing, immunization services etc., and 2) health outcomes and factors that increase risk of severe COVID-19 illness (e.g., chronic diseases, smoking, pregnancy) and poorer outcomes (e.g. health and mental health care access, access to healthy food, health insurance, etc.) which have been exacerbated by COVID-19 by scaling up and sustaining a nation-wide program of CHWs who will support COVID-19 response and prevention in populations at high risk and communities hit hardest by COVID-19.

ii. Outcomes

Applicants are expected to focus on those outcomes that align with the three high-level strategy categories, i.e. **Train, Deploy, and Engage.**

Short term outcomes:

- **TRAIN:** Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.
- **DEPLOY:** Increased workforce of CHWs delivering services to manage the spread of COVID-19**.**
- **ENGAGE:** Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.

iii. Strategies and Activities

COMPONENT A: CAPACITY BUILDING

Applicants applying for Component A funding must address the four required strategies identified in bold and also select one additional strategy from the menu of strategies targeting Capacity Building efforts.

TRAIN:

- **Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public**

health-led actions to manage COVID-19 among priority populations within communities.

- Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations within communities.

ENGAGE:

- **Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy CB6 (Required) Year 1 : Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19. (Required) Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**
- Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity and homelessness, etc.)

COMPONENT B: IMPLEMENTATION READY

Applicants applying for Component B funding must address the four required strategies identified in bold and also select two additional strategies from the menu of strategies targeting Implementation Ready efforts.

TRAIN:

- **Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.**
- Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations within communities.
- Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy IR4 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy IR5: Integrate CHWs into public health emergency preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations within communities.

ENGAGE:

- **Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy IR7 (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**

COMPONENT C: INNOVATION - DEMONSTRATION PROJECTS

The demonstration project should identify an approach that employs policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. The demonstration projects should each uniquely focus on improving selected conditions of the socioecological environment (e.g., community interventions intending to reduce toxic and chronic stress,

strategies that enhance community resilience; strategies that address reimbursement or other sustainable funding; strategies that increase income, housing and/or food security and support recovery from other unintended negative consequences of COVID-19 mitigation strategies; engaging employers in identifying and adopting policies that protect worker health and safety; engaging owners/overseers of multi-unit housing to identify and adopt policies that protect worker and tenant health from COVID-19 and conditions that increase COVID-19 risk). This is an opportunity to demonstrate how CHWs can incorporate interventions addressing social determinants of health, and be an integral part of innovative approaches, such as technology, payment models, communication campaigns, new ways to link to social services and/or provide "wrap-around" services, or other services that will improve health outcomes among those at greatest risk for severe COVID-19 disease.

Requirements for the demonstration project include the following:

- The demonstration project must address at least 1 of the 3 overarching strategies of the NOFO: train, deploy, and/or engage;
    - This proposed project must be distinctly different from what the applicants is proposing in Component B; it is not meant to be an expansion of a Component B effort. It is an opportunity to test an innovative approach that accelerates impact to ameliorate effects of COVID-19 through the use of CHWs and builds more resilient communities.
- CHWs must be an integral part of the demonstration project;
- The project must be implemented in communities or populations at risk for poor health outcomes as a result of COVID-19 that the applicant has identified for Component B.
- The demonstration project must be aligned with the outcome(s) as described in the logic model.
- The demonstration project must include a rigorous evaluation to assess the project's impact, outcomes, and effectiveness and develop recommendations for sustainability. The applicant should plan to initiate evaluation in Year 1, continue data collection in Year 2, and complete and submit all data to CDC immediately upon completion of Year 3.

Performance measures related to Train, Deploy, and Engagement efforts for Component C and the impact on COVID-19 may be proposed by recipients based on activities conducted and finalized in collaboration with CDC and Evaluation/Technical Assistance partners, awarded through a separate NOFO. Performance measures will be reported annually, and CDC and Evaluation/Technical Assistance partners will manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and report to stakeholders.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Required Collaborations:

Recipients are required to collaborate with other CDC-funded programs that are currently implementing activities to mitigate the spread of COVID-19 infection in their respective communities and address certain underlying medical conditions that increase risk of exposure to

COVID-19. These collaborations are especially essential for implementing both the training and deployment strategies of this NOFO; applicants must include letters of support to document these collaborations. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file "CHW_LOS_Applicant Name", and upload it as a PDF file at www.grants.gov*. This will ensure that proposed activities are complementary with other CDC funded programs operating in the same area and avoid duplication of efforts. State- and/or local-level CDC funded programs to advance efforts to mitigate the spread of COVID-19 infection include:

- Epidemiology and Laboratory Capacity Program: https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html
- State (and jurisdictional) Immunization Program: https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html
- Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Program: https://www.cdc.gov/tribal/documents/cooperative-agreements/COVID-19-Funding-for-Tribes-Grant-Recipients-OT20-2004-508.pdf
- Tribal Public Health Capacity Building and Quality Improvement Program: https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html
- Cooperative Agreement for Emergency Response: Public Health Crisis Response and COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding Program: https://www.cdc.gov/cpr/readiness/funding-covid.htm
- Racial and Ethnic Approaches to Community Health (REACH) Flu Vaccine Supplement. DP18-1813. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

Encouraged Collaborations:
Recipients are also highly encouraged to collaborate with other CDC-funded programs that focus on population health approaches to reduce health disparities and address the social determinants of health that contribute to them such as injury prevention, mental health promotion, sexually transmitted disease and chronic disease prevention. These collaborations are especially essential for implementing the strengthening community resilience strategies of this NOFO. This will ensure proposed activities are complementary with other CDC-funded programs operating in the same area and avoid duplication of efforts.

b. With organizations not funded by CDC:
Required Collaborations:

- Recipients are required to appropriately align their work with other national, state or nongovernmental programs that support CHWs to promote healthy communities including State Medicaid agencies.

- Recipients are also required to collaborate, through formalized partnerships, supported by detail specific service agreements, with medical (e.g., Community Health Centers (CHCs), private providers, health insurers and health systems) and essential support service providers to maximize reach, increase coordination and collaboration, and support

the provision of essential services in respective communities. These collaborations are essential for the successful implementation of all three NOFO strategies.

- Letters of support with a firm commitment from partners should be included in the application. Applicants should submit letters of support from organizations that will have a role in helping to achieve the NOFO activities and outcomes. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file "CHW_LOS_Applicant Name", and upload it as a PDF file at www.grants.gov.*

Community Coalition

The recipients are required to either establish a new or expand an existing community coalition to serve as a formal arrangement for cooperation and collaboration among stakeholder groups to work together to achieve the short-term, intermediate, and long-term outcomes of this NOFO. Applicants should describe the proposed or existing coalition within the project narrative. Recipients will collaborate with the coalition to develop and carry out the program action plan to train and deploy CHWs to support the COVID-19 public health response as well as to build and strengthen resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations in key communities.

The community coalition proposed by the recipient should have diverse and multi-sector representation and, at a minimum, should include the:

- Recipient
- Community Health Worker Network Representation
- Healthcare organization representative (who provides services for the priority population)
- Local public health department representation
- Community representation

The community coalition should:

- Demonstrate ability to leverage partnerships across settings and sectors to address key contributors to health disparities within their community (e.g., social determinants of health)
- Meaningfully engage and incorporate input from those who represent the proposed priority population(s)
- Use Community Based Participatory Approaches (http://ctb.ku.edu/en/table-of-contents /analyze/where-to-start/participatory-approaches/main) in their planning approach
- Reflect the composition of the proposed priority population
- Demonstrate a history of success in working together with partners on issues relating to health or other disparities.
- Demonstrate effectiveness and progress in mobilizing partners to assist in implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Encouraged Collaborations:
Recipients are also encouraged to establish strategic partnerships with the following types of organizations: state- and jurisdictional-recipients of other relevant Federal programs (e.g., the Health Resources and Services Administration's State Office of Rural Health programs or Maternal and Child Health Bureau, the Centers for Medicare and Medicaid Services, and State-Medicaid Offices) and their recipients; local public health departments (for state recipients); local health insurers; American Indian/Alaska Native tribal governments and/or tribally designated organizations; non-CDC funded Community Based Organizations; faith-based organizations; local chambers of commerce or large employers, community advocates and other stakeholders with vested interests in reducing health disparities and the social determinants of health that contribute to them.

2. Target Populations
Applicants must identify and focus on populations with increased risk for or prevalence of COVID-19 or who are at increased risk for poor health outcomes from COVID-19 because they are also disproportionately impacted by long-standing health disparities as described in the Executive Summary and Background sections of this announcement. Applicants must demonstrate that the proposed catchment area(s) reflect a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) populations disproportionally affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s) or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people (see components below for information on population size). Applicants must describe the population selected, including relevant health disparities, and how the selected interventions will improve health and contribute to a more resilient community better able to address threats such as COVID-19.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html.
- COVID-19 cases and/or deaths (county level) can be found at https://covid.cdc.gov/covid-data-tracker/#county-view. The two COVID-related data points that can be used are:
    - 7 Day total reported cases per 100,000 population
    - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: Community Health Workers for Covid Response and Resilient Communities | CDC

Applicants addressing racial and ethnic populations should address the inclusion of subpopulations within the identified target population that can benefit from the program strategies listed in this announcement. These subpopulations can include groups such as older

people, people with low socioeconomic status, ethnic minorities, economically disadvantaged persons, justice-involved , people experiencing homelessness, or those who traditionally do not access health care on a routine basis such as people with mental health or substance abuse disorders, non-English speaking populations, Lesbian, Gay, Bisexual, and Transgender (LGBT) populations, persons with disabilities, or other populations who may otherwise be missed by the program. In addition, applicants will be expected to provide specific activities to address the underlying health and social inequities that put many of these subpopulations at increased risk of getting sick, having more severe illness and dying from COVID-19 and other communicable and non-communicable conditions.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. Applicants must describe the population(s) selected, including relevant health disparities, and how selected interventions will improve health and reduce or eliminate one or more identified health disparities. This announcement provides the opportunity to incorporate interventions to address health-related social needs, (e.g., housing instability and poor quality, food insecurity, insufficient utility resources, interpersonal violence, insufficient transportation, and inadequate educational resources) for the priority populations described in the background section. This is an opportunity to demonstrate how increased awareness of available community services, navigation assistance to access services, and partner alignment to ensure that available services support community needs can positively impact health in these communities; which should all be addressed in the proposed activities.

iv. Funding Strategy

Applicants must demonstrate that the proposed catchment area(s) reflect a) the disproportionate burden of COVID-19 infection rates/COVID-19 mortality rates and b) populations disproportionally affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s), or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html.
- COVID-19 cases and/or deaths (county level) can be found at https://covid.cdc.gov/covid-data-tracker/#county-view. The two COVID-related data points that can be used are:
    - 7 Day total reported cases per 100,000 population
    - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: Community Health Workers for Covid Response and Resilient Communities | CDC

Component A focuses on organizations that have some experience with CHWs and want to build capacity by expanding training and oversight plans that will lead to the increased deployment of CHWs which will result in improved health outcomes. These organizations must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or a few disease concerns, providing advice and guidance to direct community members to appropriate clinical services. We expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 50,000 population, applicants may apply for up to $350K.
- For 50,000 to 200,000 population, applicants may apply for up to $600K.
- For 200,000+ population, applicants may apply for up to $1M.

Component B focuses on expanding deployment of CHWs in organizations with substantial (approximately 3 years) experience currently utilizing CHWs that want to amplify activities to address COVID-19 within communities resulting in improved health outcomes; we expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 200,000 population, applicants may apply for up to $1M.
- For 200,000 to 600,000 population, applicants may apply for up to $2M
- For 600,000+ population, applicants may apply for up to $3M.

Component C focuses on policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. Only applicants that are approved and funded for Component B will be considered for Component C funding. We expect to fund approximately 5 recipients for Component C for up to $2M each.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. CDC, in collaboration with identified Evaluation and Technical Assistance (TA) partners, will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes within the three-year period of performance. Both process and outcome evaluation will seek to answer the following questions:

Approach:

1. To what extent has the recipient's implementation approach resulted in achieving the desired outcomes?

Effectiveness:

1. To what extent has the recipient increased the reach of Component A and B strategies to prevent and control COVID-19 infections and strengthen community resilience?
2. To what extent has implementation of Category A and B strategies led to improved health outcomes among the identified priority population(s)?

Recipients must collaborate with CDC and Evaluation/Technical Assistance partners and are strongly encouraged to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. Information on this application is located in the Resources section of this document. CDC and Evaluation/Technical Assistance (TA) partners will implement an evaluation approach that consists of (1) ongoing monitoring and evaluation of progress through the collection and reporting of performance measures by recipients, (2) a CDC- and Evaluation/TA partner-led comprehensive evaluation, and (3) recipient-led evaluations, with support from CDC and Evaluation/TA partners, as appropriate.

Performance measures developed for this NOFO correspond to the high-level broad strategy categories and outcomes described in the logic model. All measures are broadly stated and may be refined with recipients, CDC, and Evaluation/TA partners, based on activities proposed and recipient needs. CDC and the Evaluation/TA partners, as appropriate, will work with recipients on operationalizing and further defining each performance measure and guidance will be provided prior to the first year of expected recipient reporting.

Performance measures will be reported semi-annually by all recipients to CDC and the Evaluation/TA partners, who will also manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and to report to stakeholders. CDC and the Evaluation/TA partners will analyze recipient submitted performance measure data and develop aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track all outcome measures (not listed in required recipient table for reporting) that are relevant to the program through national data sets or the comprehensive evaluation activities. As part of the comprehensive evaluation activities, a subset of NOFO recipients will be selected who will be required to work collaboratively with CDC and the Evaluation/TA partners to report more in-depth narratives of activities over the course of the NOFO.

For the CDC- and Evaluation/TA partner-led comprehensive evaluation activities, CDC will lead the design, data collection, analysis, and reporting. Recipients will be expected to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts to ensure there is a robust evaluation of the evidence-driven, community tailored/adapted efforts of the role CHWs play in leading, supporting, and collaborating with a wide variety of stakeholders

to improve the health of the community. An appropriate level of guidance and support, including one on one outreach, small peer-to-peer learning and sharing opportunities, webinars, learning collaboratives, electronic resources, and virtual engagements to showcase successes and brainstorm the resolution of potential challenges will be provided to the recipients. These connections among recipients, CDC and the Evaluation/TA partners are critical to the programmatic success and effective and meaningful evaluation of this grant. CDC and the Evaluation/TA partners will use finding from these evaluation efforts to refine technical assistance and, in turn, maximize and sustain program outcomes.

For recipient-led evaluations, CDC and Evaluation/TA partners will be available to work closely, where appropriate, with recipients to develop, refine, and implement evaluation plans that they can use to make program improvements and demonstrate the outcomes and impact of their programs.

CDC, Evaluation/TA partners, and recipients will only collect data that will be analyzed and used. CDC will provide recipients with performance measure reporting templates, and potentially evaluation plan and reporting templates. CDC and Evaluation/TA partners will provide ongoing TA on program implementation efforts, recipient-led evaluation, and recipient performance measure reporting. Evaluation TA will be provided using a customized approach to ensure that the tools and services provided best meet the needs of the recipients. All evaluation findings produced by CDC, the Evaluation TA providers, and recipients will contribute to: (1) program and quality improvement of program efforts; (2) practice-based evidence; (3) documentation and sharing of lessons learned to support replication and scaling up of these program strategies and/or (4) future funding opportunities to expand upon these successes.

The data CDC collects for performance measurement and evaluation are directly related to the implementation of the strategy and/or the desired outcome indicated in the logic model. Data being collected are strictly related to the implementation of the NOFO strategies and shall be used for assessing and reporting progress and for other pertinent implementation improvement actions. All performance measure data will be collected via secure data systems. Recipients will report their performance measure data semi-annually via the data system and will have access to their data only. Over the 3-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff. CDC will publish summative reports on individual and aggregate performance measure data.

Applications involving public health data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for the applicant's assurance of the quality of the public health data through the data's lifecycle and any plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

Short-term measures reported by recipients are described in the table below. Recipients will report one level of measures:

- short-term outcomes measures for each required strategy and for each additional strategy selected

The tables below align with the logic model and shows the alignment among the overarching high level strategy categories, i.e. TRAIN, DEPLOY, and ENGAGE, along with the specific strategies, outcomes, and performance measures for Component A and Component B.

Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR) **Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures**		
Strategies *(Component A Applicants are required to address the four strategies indicated in* ***BOLD*** *and must also select <u>one</u> additional strategy from any of the two areas (train/deploy) in the menu of strategies targeting capacity building (CB) efforts within this table.*	**Short-term Outcomes**	**Short-term Measures** *(Recipients will report short-term measures aligned with all required strategies in* ***BOLD*** *and the one additional strategy selected.)* *Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.*
TRAIN		
Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	**Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.**	**Measure (Required): # of CHWs successfully completing state/local public health-led COVID-19 response training efforts as determined by relevant public health-led entities, e.g., skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.**

Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID19 among priority populations* within communities.	**Increased workforce of CHWs delivering services to manage the spread of COVID-19.**	**Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.**
Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure: # and type of messages developed and disseminated
ENGAGE		
Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities	**Increased utilization of community**	**Measure (Required): # of individuals within communities and/or**

and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	**resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.**	**clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.**
Strategy CB6 (Required): Year 1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID19. **Year 2: (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.**	**Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.**	**Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.**
Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of partnerships established with traditional and nontraditional partners, such as, faith-based organizations, businesses, hospital systems, housing and community development entities, and others for the purposes of providing support for those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority

insecurity, and homelessness, etc).		populations* within communities.
* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk		

Table 2. Component B: Implementation Ready -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR) **Table 2. Component B: Implementation Ready--Strategies, Outcomes, and Performance Measures**		
Strategies *(Component B Applicants are required to address the four strategies indicated in **BOLD** and must also select <u>two</u> additional strategies from any of the two areas (train/deploy) in the menu of strategies targeting Implementation Ready (IR) efforts within this table).*	**Short-term Outcomes**	**Short-term Measures** *(Recipients will report short-term measures aligned with all required strategies in **BOLD** and the two additional strategies selected).* *Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.*
TRAIN		
Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	**Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.**	**Measure (Required): # of CHWs successfully completing state/local public health-led COVID19 response training efforts as determined by relevant public health-led entities, e.g. skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.**

Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # of individuals within specific media distribution areas, inside stated catchment areas that have been reached by critical messaging, as determined by relevant public health-led entities, to identification of infection, appropriate follow-up, including contact tracing, and treatment.
Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy IR4 (Required): Integrate CHWs into Organizations and Care Teams to support the public health response to COVID-19 among priority populations* within communities.	**Increased workforce of CHWs delivering services to manage the spread of COVID-19.**	**Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.**
Strategy IR5: Integrate CHWs into public health emergency	Increased workforce of	Measure: # and types of vaccine deployment plans in which CHWs are

preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations* within communities.	CHWs delivering services to manage the spread of COVID-19.	included in the planning and design; deployment of plan components; ethical distribution of initial COVID-19 vaccine supplies to vaccine providers in accordance with state, local, and federal regulations; and/or dissemination to identified individuals/populations.
ENGAGE		
Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	**Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.**	**Measure (Required): # of individuals within communities and/or clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.**
Strategy IR7. (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.	**Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations***	**Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.**

	within communities.	
* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk.		

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan (DMP), within the first 6 months of receiving the award, as described in the Reporting Section of this NOFO. CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate

for the activities to be undertaken as part of the agreement and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. CDC recommends that at least 10% of total annual funds be allocated for evaluation, per Best Practices for Comprehensive Tobacco Control Programs.

Applicants are required to submit a plan for Performance Measurement Data Collection and Use. A detailed plan for Performance Measurement Data Collection and Use will be due within 6 months of receiving the award. CDC will provide additional templates and guidance for developing the Performance Measurement Data Collection and Use plan. Any anticipated issue with data collection should be highlighted in the plan, along with options to remedy it. Additionally, the plan should address how the information generated by the performance measures will be used for program improvement by the recipient.

c. Organizational Capacity of Recipients to Implement the Approach

Core Capacity for All Applicants

Upon receipt of award all recipients must be able to implement this program in the state, locality, territory or tribal area in which they operate and are located. To ensure that recipients are able to execute CDC program requirements and meet period of performance outcomes, applicants must: describe relevant experience to implement the activities and achieve the project outcomes, describe experience and capacity to implement the evaluation plan, provide a staffing plan with clearly defined staff roles (including contractual staff if applicable) and resumes of key staff, and ensure a project management structure sufficient to achieve the project outcomes. This information must be described in the project narrative. Applicants must name the staffing plan file "Component [A, B or C] Staffing Plan" and upload to www.grants.gov. Applicants must name the resumes "Component [A, B or C] Resumes" and upload to www.grants.gov.

Key capacity requirements include:

- Leadership and management to plan and supervise the project and improve outcomes.
- Readiness and ability to begin implementation and data collection within 1 month of award.
- Budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts.
- Data management to design collection and evaluation strategies to produce useful data that demonstrate impact, program improvement, and sustainability
- Partnership development and coordination to leverage resources and maximize the reach and impact of CHW interventions within the state, locality, territory, or tribal area.
- Evaluation and performance monitoring to implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Knowledge and awareness of CDC-funded programs or other federally funded programs, that support the ongoing COVID-19 response in the jurisdiction they are proposing to serve and how they plan to work and align their activities with the program. These

programs, must include, at a minimum, the CDC Epidemiology, Lab and Capacity (ELC) cooperative agreement, the Public Health Emergency Preparedness (PHEP) cooperative agreement and the Emergency Response: Public Health Crisis Response cooperative agreement.

- Experience convening and/or supporting a community coalition to achieve program goals.
- For the engage community resilience to COVID-19 strategy, applicants must describe in the project narrative their expertise and credibility working with CDC or other federal programs supporting this work (e.g., National Diabetes Prevention Program, Prescription Drug Overdose Program, Wisewoman). The work proposed should align with these already funded projects.
- Applicants for ***Component A*** must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or few disease concerns, providing advice and guidance to direct community members to appropriate clinical services.

Components B: Enhanced Organizational Capacity Requirements for Implementation Ready (IR).

- Applicants for ***Component B*** must have approximately three years of experience in implementing a CHW program in their catchment area. The experiences of this program, however, have been broad in scope and provided appropriate education and assistance to community members from CHWs for a wide variety of concerns, including health and social services. Component B applicants must describe their history and experience in a) engaging CHWs to identify and enroll eligible community members in applicable health and social service programs, b) engaging CHWs to coordinate health care by providing appropriate referral and follow-up services, c) engaging CHWs to act as an advocate for those community members needing language assistance or support with health systems and d) working with health care payers in the public and private health systems to incorporate CHWs into teams of care professionals. Component B applicants must describe their quality assurance program, and the results of their ongoing evaluation or quality improvement efforts to identify priority needs and the actions they have taken to meet those needs, as well as evidence of documented improvement in the health status of the community served.
- Established expertise and credible working relationships with health care organizations/systems documented by letters of support, interagency agreements, or MOUs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. Applicants must name these files "Component [A, B or C] [Letters of Support, Interagency Agreements, MOUs]" and upload to www.grants.gov.
- Technical and technological infrastructure to support rapid recruitment, selection, hiring, training and deployment of CHWs for the work of this grant.

- Readiness and ability to begin implementation and data collection within 1 month of award.
- Description of having met any state, NGO or other CHW certification requirements as appropriate.
- Existing training infrastructure that is multimodal and includes virtual modules (instructional design expert, online learning platforms and tools).
- Accomplishments working with a community coalition of partnerships.
- Advanced infrastructure for leveraging existing partnerships.

Component C: Innovation - Demonstration Projects

- Readiness and ability to begin implementation of the demonstration project and data collection within 1 month of award.
- Describes their relationship(s) with existing partners that will be engaged to implement the demonstration project.
- Additional capacity to evaluate the impact and effectiveness of the demonstration project to build community resilience.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent years. The work plan should include evidence-based strategies and activities to achieve all outcomes listed in the logic model.

All applicants must propose a comprehensive work plan to include activities designed to achieve the short- and intermediate- term outcomes specified in this NOFO and that are aligned with the following three high-level strategy categories:

- ***TRAIN*** CHWs to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.
- ***DEPLOY*** CHWs to manage outbreaks and spread of COVID-19 among priority populations within communities.
- ***ENGAGE*** CHWs to help build and strengthen community resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

Applicants must name this file "Component ___[A, B or C] Work Plan" and upload to www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting).

Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Failure to participate in the monitoring and reporting activities could result in the restriction of funds.

Satisfactory progress for this NOFO would include: (a) meeting all deadlines for reporting performance measures, (b) working with recipients of DP21-2110 to evaluate impact, and (c) appropriate and timely response to requests from CDC staff supporting this NOFO.

f. CDC Program Support to Recipients

N/A

B. Award Information

1. Funding Instrument Type:
G (Grant)

2. Award Mechanism:
Activity Code: U58

3. Fiscal Year:
2021

Estimated Total Funding:
$ 300,000,000

4. Approximate Total Fiscal Year Funding:

$ 100,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$ 300,000,000
This amount represents approximate funding provided through the CARES Act over a three-year period of performance ($100 million per budget period for three budget periods) for formula-based awards. This amount could increase during the period of performance.

6. Total Period of Performance Length:
3
year(s)

7. Expected Number of Awards:
70

8. Approximate Average Award:

$ 1,000,000
Per Budget Period

Over a three-year period of performance, CDC will award approximately $100 million each budget year for three years with the average award varying. These grants will range approximately from $350,000 - $3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): $600K
Component B (Implementation Ready): $2M
Component C (Innovation – demonstration projects): $2M

9. Award Ceiling:
$ 5,000,000
Per Budget Period

The ceiling may increase based on availability of funds.

10. Award Floor:
$ 350,000
Per Budget Period

11. Estimated Award Date:
August 01, 2021
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal

government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

07 (Native American tribal governments (Federally recognized))

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

11 (Native American tribal organizations (other than Federally recognized tribal governments))

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

As authorized by the Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"; Public Law 116-136), eligibility is limited to those listed above as well as those listed in Additional Information on Eligibility and include:

- American Indian/Alaska Native Urban Indian Centers

- Health Service Providers to tribes

Applicants may apply for Component A only, or Component B only, but not both.

If an applicant applies for both Component A **AND** Component B, CDC will determine the application to be non-responsive and it will not receive further review.

Only Component B applicants may also apply for Component C.

- Only applicants that are approved and funded for Component B will be considered for Component C funding. The Component C application must be submitted at the same time as the Component B application. No awards for Component C will be made to Component A applicants. If applying for Component C, three elements are required for submission: a) a separate proposal not to exceed four pages clearly describing the proposed innovation for the demonstration including rationale, approach, expected impact, and evaluation; b) a budget narrative; and c) a workplan.

A minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C will be funded.

For non-tribal applicants, we will fund at least one application in each of the 10 HHS regions with a maximum of 3 awards per state.

If a state applies and identifies a particular county(ies) as their catchment area, they must submit a letter from appropriate county-level government confirming the county's agreement with the application. A locality may apply separately or may join with other localities meeting COVID-19 and poverty requirements and submit an application for a single responsibility for all financial and reporting requirements. A locality joining with other localities for the application must submit a letter from appropriate county-level government confirming the county's agreement with the application. Applicants must file the letter, as appropriate, name the file "CHW_County Agreement_ApplicantName', and upload it as a PDF file at www.grants.gov.

APPLICANTS MUST CLEARLY STATE WHICH COMPONENT(S) THEY ARE APPLYING FOR IN THEIR PROJECT ABSTRACT.

3. Justification for Less than Maximum Competition
4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Required Registrations

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data

Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/index.html.

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

03/25/2021
LOI is not required or requested.

b. Application Deadline

Number Of Days from Publication 60

05/24/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: https://adobeconnect.cdc.gov/r0er4qejjemc/

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: Community Health Workers for Covid Response and Resilient Communities | CDC

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with

supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Is a LOI:
Not Applicable
LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file

"Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

Applicants must clearly state which component(s) they are applying for in their Project Abstract.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Component A applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Component B applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Applicants applying for both Component B and Component C can submit a project narrative for Component B that is up to 20 pages long (including the Component B work plan and budget narrative) and a separate Component C proposal, not to exceed 4 pages, clearly describing the proposed innovation for the demonstration project including rationale, approach, expected impact and evaluation, budget narrative, and work plan.

Pages in the narrative exceeding these limits may not be reviewed.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of

compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

13b. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

14. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.grants.gov receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated bywww.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non- validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Component A: Approach **Maximum Points:** 45

Purpose and Outcomes (20 points) – The extent to which the applicant:

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionally affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (5 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (5 points)

Strategies and Activities (25 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will collaborate with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant. Letters of support are provided. If applicant identifies a particular county(ies)

as their catchment area, or is a state intending to work in a specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)

8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (10 points)

ii. Component A: Evaluation and Performance Measurement **Maximum Points:** 25

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Component A: Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

The extent to which the applicant:

1. Describes their relevant experience (approximately 1 year) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)
2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)
3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (10 points)

4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts? (5 points)

Budget **Maximum Points:** 0

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

i. Approach **Maximum Points:** 35

Component B: Approach

Purpose and Outcomes (15 points) – The extent to which the applicant:

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionally affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (2 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (3 points)

Strategies and Activities (20 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will collaborate with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant. Letters of support are provided. If applicant identifies a particular county(ies) as their catchment area, or is a state intending to work in specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)
8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (5 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Component B: Evaluation and Performance Measurement

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Component B: Applicant's Organizational Capacity to Implement Approach

The extent to which the applicant:

1. Describes their relevant experience (approximately 3 years) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)

2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)

3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (5 points)

4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts (10 points)

5. Describe their expertise and credible working relationships with health care organizations/systems documented by letters of support/MOUs/MOAs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. (5 points)

6. Demonstrates technical and technological infrastructure to support rapid recruitment, selection, hiring, training, and deployment of CHWs for the work of this grant. (5 points)

Budget **Maximum Points:** 0

Component B: Budget

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

Component C: Approach **Maximum Points:** 40

The extent to which the applicant:

1. Provides the rationale for the project through a clear, concise statement of the community problem(s) and how the innovative approach(es) that they propose involving CHWs are foundational in building community resilience. (10 points)

2. Provides a proposal that clearly describes the approach and expected outcome(s) of the demonstration project, how innovation can address the issue, tangible activities that will be employed to accomplish those expected outcomes, and how they will be achieved within 2 years. (10 points)

3. Clearly describes the critical role CHWs will play in implementing and evaluating the demonstration project. (5 points)

4. Provides a clear description in their proposal of how they intend to use innovation and CHWs to address at least one of the high-level strategies in the NOFO (train, deploy, or engage). (5 points)

5. Describes how they will work with new and/or existing programs, community partners, and coalitions to carry out the innovative strategies and activities proposed for the demonstration project. Letters of support will strengthen the application. (5 points)

6. Provides a work plan that is aligned with the proposal and includes a description of specific tasks that are reasonable and feasible to implement the demonstration project and clearly identifies CHW role(s) and responsibilities in implementing and evaluating the demonstration project. (5 points)

Component C: Evaluation and Performance Measurement **Maximum Points:** 35

The extent to which the applicant:

1. Ensures at least 10% of funds are budgeted to support evaluation. (5 points)

2. Provides a thorough evaluation plan that describes key evaluation questions and potential data sources to determine the impact and effectiveness of the demonstration project on building community resilience. (10 points)

3. Describes additional experienced staff (not identified in Component B) or experienced contracted organization identified to lead evaluation of the demonstration project. (5 points)

4. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures, and finalize appropriate data sources. (5 points)

5. Describe how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes and how recommendations for sustainability of such efforts will be incorporated into the evaluation plan. (5 points)

6. Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing, and reporting of project activities and outcomes and enable continuous program quality improvement and inform sustainability planning. (5 points)

Component C: Applicant's Organizational Capacity to Implement Approach **Maximum Points:** 25

The extent to which the applicant:

1. Describes a staffing plan that is separate from Component B, inclusive of any contracts as applicable, for the demonstration project including roles and responsibilities and qualifications. Resumes for key staff, including contract staff if applicable, are included. (5 points)

2. Describes day-to-day responsibility for key tasks including leadership of the demonstration project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management , preparation of reports, partnership development and coordination, and evaluation and performance monitoring, and communication with partners and CDC. (5 points)

3. Demonstrates readiness and ability to begin implementation of the demonstration project within 1 month of award. (10 points)

4. Describes their relationship with existing partners that will be engaged to implement the demonstration project. (5 points)

Component C: Budget **Maximum Points:** 0

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

c. Phase III Review

- Applications for Components A and B will be funded separately. Only one application per organization will be considered for either Component A or Component B.
- CDC may fund out of rank order to ensure geographical representation in each of the 10 HHS regions, COVID-19 infection rates, and/or poverty rates are being addressed, as well as ensuring applicants are reaching larger numbers of the target population and that a minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C are funded.
- For Component C, CDC may fund out of rank order to ensure that innovative approaches are not duplicative and that demonstration projects are geographically dispersed.
- CDC will provide justification for any decision to fund out of rank order.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate notice of funding by August 1, 2021.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited

to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Data on Performance Measures	*Semi-annually*	*Yes*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*
Final Performance and Financial Report	*90 days after end of period of performance.*	*Yes*

Payment Management System (PMS) Reporting	*Quarterly reports due January 30; April 30; July 30; and October 30.*	*Yes*

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publically available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

Performance measures should be reported semi-annually. CDC and the Evaluation/TA partners will specify data fields and format at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

No additional information is required, other than what is listed above.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Stacy
Last Name:
De Jesus
Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:

Email:
NCCDPHP_CHW@cdc.gov

Grants Management Office Information

For **financial, awards management, or budget assistance,** contact:

First Name:
Rhonda

Last Name:
Latimer
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Rd.
South KOGR Bldg, VANDE Rm 211, MS TV-2
Atlanta, GA 30341

Telephone:

Email:
ito1@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Indirect Cost Rate, if applicable

Position descriptions

Letters of Support

Required Attachments:

- Resumes/CVs
- Letters of Support
- Staffing plan, can include position descriptions

Other Optional attachments

- County agreement letter

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants/additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and

obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

Community Health Worker - A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [accessed from www.apha.org 12/14/2020]

Bona Fide Agent - a bona fide agent is an agency/organization identified as eligible to submit an application in lieu of a state application. If applying as a bona fide agent, a legal, binding agreement from the state, tribal, territorial, or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via grants.gov.

Innovation - Novel combinations or uses of preexisting efforts [programs, tools, ideas, etc.] to enable or enhance the solution to a need

HHS Regions - The Department of Health and Human Services Office of Intergovernmental and External Affairs hosts 10 Regional Offices in various cities across the United States. These offices each oversee a geographic area, or region, across multiple states and are maintained to ensure that the Department is able to remain in close contact with state, local, or tribal partners and to ensure HHS programs and policies address the needs of individuals and communities across the country. For details on each region or Regional Office, visit Regional Offices | HHS.gov

References/Resources

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10. The application is supported by the Success Stories Development Guide. This Word document guides users through the sections of the NCCDPHP Success Stories application and helps them prepare a story for submission: https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success_Stories_Development_Guide.docx
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